REQUEST, AUTHORIZATION, AGREEMENT, CERTIFICATION OF TRAINING AND REIMBURSEMENT A DUBIT TWO OFFICE HUNBER ON A CORRESPONDENT NUMBER B, ARRIAGO SOURCE CORRESPONDENT NUMBER C, CORRESPONDENT STANDEN OF TRAINING CO. ADMINISTRATION SECTION A - TRAINING CO. A DUBLE AND A CORRESPONDENT NUMBER B, HOME SOURCE CORRESPONDENT NUMBER OF TRAINING CO. ADMINISTRATION NUMBER OF TRAINING CO. A DUBLE AND A CORRESPONDENT NUMBE	X the appropriate copy designator.		Copy 1- AGENCY Copy 6- AGENCY			<u> </u>		-	GENCY (SBURSING,	BOOKS, E	tc.)	Cop	y 10- AC	TIVITY	(OPTIONAL USE)
SECTION A - TRAINED A DESCRIPTION TO SECTION A - TRAINED A DESCRIPTION TO SECTION A - TRAINED A TRAINED	., .											ΓRAINII	NG AN	I DI	REIME	BURSE	MEN	IT
SECTION A - TRAINER APPLICANT INFORMATION 1. NAME 4267, FORT, Middle finition 2. Into LETTERS OF LIST NAME 2. SOCIAL SECURITY NUMBER 3. SOCIAL SECURITY NUMBER 4. FORTON 1. NOME ADDRESS (finited, Circl, State and 2ff Code) (applicability 1. TELEPHONE NUMBER) (finition are accorded to the finition and the code of the code	A. AGENCY CODE AND SUBELEMENT, AND B. STANDARD DOCUMENT NUMBER						Number											
SECTION A - TRAINER / APPLICANT INFORMATION 1. MANS (Last, Price, Discos) about 5. 10 Miles ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS Served, City, State and 20° Cover toptomed 1. MINE ADMESS SERVED, City State and 20° Cover toptomed 1. MINE ADMESS SERVED, City State and 20° Cover toptomed 1. MINE ADMESS SERVED, City State and 20° Cover toptomed 1. MINE ADMESS SERVED, City State and 20° Cover toptomed 1. MINE ADMINISTRATION MAILING ADMINISTRATION SERVED, City State and 20° Cover toptomed 1. MINE ADMINISTRATION SERVED, City State and 20° Cover toptomed 1. MINE ADMINISTRATION SERVED, City State and 20° Cover toptomed 1. MINE ADMINISTRATION SERVED, City State and 20° Cover toptomed 1. MINE ADMINISTRATION SERVED, City State and 20° Cover toptomed 2. COURSE COURSE SERVED, City State and 20° Cover toptomed 2. COURSE COURSE SERVED, City State and 20° Cover toptomed top toptomed t	30DIVITTING OFFICE	LINOWIDL	.n (XX-XX-XXXX)	loig. id	entinei/r	tifier/FY/Doc./type code/Serial Number)				Ī	(1) Initial (2) Resubmiss				esubmissi	on		
1. NAME CARE, Price Middle beard 6. HOME ADDRESS (Dever, City, State and 2P Code) represent 1. CREAMED AND THE ADDRESS (Dever, City, State and 2P Code) represent 1. CREAMED AND THE ADDRESS (Dever, City, State and 2P Code) represent 1. CREAMED AND THE ADDRESS (Dever, City, State and 2P Code) represent 1. CREAMED AND THE ADDRESS (Dever, City, State and 2P Code) represent 1. CREAMED AND THE ADDRESS (Dever, City, State and 2P Code) 1. CREAMED AND THE ADDRESS (Dever, City, State and 2P											(3) Correction	ı	(4) Ca	ancellatio	n		
6. HOME ADDRESS Street, City, State and 2P Code (approach 7. TELEPHONE NUMBERS include are code 8. POSITION TITLE 9. POSITION TELEVAL 00 cm 10. Commission 11. GRIGANZATION NAME 12. GRIGANZATION NAME 13. SECURITY 14. REF YOUR PARADICAL/PECK 15. RECOVERAGE 16. RECOVERAGE 17. GRIGANZATION MARING ADDRESS (inclode 2P Code) 18. RECOVERAGE 18				S	ECTIO	N A - TRAI	INEE / A	APPL	ICANT	INI	FORM	ATION						
6. HOME ADDRESS (Street, City, State and 2P Cited Approach 2. HOME 5. HORS 1. HORSE 1. HORSE	1. NAME (Last, First, M	iddle Init	ial)		2. 1s	t 5 LETTERS	OF LAST	NAMI	E 3. 9	soci	AL SECU	JRITY NUM	BER	4. ED). LEVEL			
Security Commenced Commenc																a. Itais		b. Months
1. ORGANIZATION NAME 11. Communicat 12. ORGANIZATION NAME 12. ORGANIZATION MALINIA ADDRESS decided 20° Code) 13. ORGANIZATION W. 1	6. HOME ADDRESS (St.	reet, City	, State and ZIP C	ode) (optional)	7. TE	LEPHONE NU	MBERS (/	nclude	area co	de)	8. POSI	ITION TITLE	•					
11. ORGANIZATION NAME 12. ORGANIZATION MAILING ADDRESS (Include ZP Code) 13. DON 14. A SECTION B. TRAINING COURSE OATS 15. ACCOURSE CODES 16. AS YOU READ COLORSE DATA 17. COURSE TITLE 18. TRAINING COURSE DATA 19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY 20. COURSE CODES 21. FORWARD COURSE DATA 22. ORGANIZATION WAS ASSOCIATED TO BE CONTROL OF THE CONTROL OF THE COLOR OF THE C					a. Ho	ome												
11. Commercial 12. COSA 13. Exercises 14. Exercises 15. COSA 14. Exercises 15. COSA					b. 0	ffice					9. POSI	TION LEVEL	. (X one)					
12. ORGANIZATION MALENG ADDRESS (Include 2PC Code) 12. ORGANIZATION UIC 13. ORGANIZATION UIC 14. OR TOOL MANDGETPO OR DRAMLED? (A code) 15. ORGANIZATION UIC 16. ARE TOOL MANDGETPO OR DRAMLED? (A code) 17. COURSE TITLE 18. TRANING ORJECTIVES (Revellar to be derived by the Givernment) 29. COURSE CODES 20. COURSE CODES 20. COURSE CODES 20. Allocation Strains 20. Allocation Strains 20. Allocation Strains 21. Training Person 22. Allocation Strains 23. Individual organization 24. Special Interior 25. Source 26. Special Interior 27. Entering Vendor 28. Interior Costs 29. Monitor 29. Monitor 20. COURSE CODES 20. Allocation Strains 20. Course Codes 20. Allocation Strains 20. Source 20. Allocation Strains 20. Source 20. Allocation Strains 20. Source 20. Interior Costs 20. Monitor 20. Special Interior 20. Source 20. Interior Costs 20. Monitor 20. Mo	11. ORGANIZATION NA	AME									a.	Executive					,	
SECTION B - TRAINING COURSE DATA 17. COURSE TITLE 18. TRAINING CRURCE No. of Training Program 19. Recommended by the forecomments 29. Allocation of Training Stern of Interior Stern Interior 29. Recommended by the forecomments 29. Recommended by the forecomments and billed are not to exceed and believe amount in interest and by the forecomments and billed are not to exceed and believe and the forecomment and billed are not to exceed and believe and the forecomment and billed are not to exceed and believe and the forecomment and billed are not to exceed an					+					_				44.7	TVDE OF	Tac No	D DDIO	NON COVERN
SECTION B - TRAINING COURSE TITLE 19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY 19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY 19. RECOMMENDED TRAINING SOURCE, SCHOOL OR FACILITY 20. COURSE CODES 21. Courses in of Training Steel (if other than 12b) 22. Description of Training Steel (if other than 12b) 23. Description of Training Steel (if other than 12b) 24. In Training Vendor 25. Source 26. Sorpidal Inserts 27. SOURCE SCHOOL OR FACILITY 28. Training Vendor 29. In Training Level 20. COURSE CODES 20. Allocation Status 20. Course (in the principle of the status) 20. Course (in the principle of the status) 21. Course (in the status) 22. DESCRIPTION C - COURS TINFORMATION (Costs incurred and billed are not to exceed amount in Rom 30.) 24. If Training Level 25. DIRECT COSTS 26. MORECT COSTS (in the status) 27. ACCOUNTING CLASSIFICATION 28. DIRECT COSTS 29. SIGNATURE OF RISCAL OFFICER (vide) wheel precedure 29. Labor Costs 29. SIGNATURE OF RISCAL OFFICER (vide) wheel precedure 30. TOTAL of DIRECT (a NORECT COSTS 31. JOS OFFICER (vide) wheel precedure 30. Total of DIRECT (a NORECT COSTS 31. JOS OFFICER (vide) wheel precedure 30. Total of DIRECT (a NORECT COSTS 30. Total of Costs are accessed. 30. Labor Costs 31. JOS OFFICER (vide) wheel precedure 31. JOS OFFICER (vide) wheel precedure 32. Labor Costs 33. Training Cortex (a Vide) 34. Author Costs 35. Jos Officer (vide) 36. Course Recommended of questions in Section of Training Costs 37. JOS OFFICER (vide) wheel precedure 38. Course Recommended of questions in Section of Training Costs 38. Course Recommended of questions in Section of Training Costs 39. Labor Costs 30. Total of Direct Costs 30. Labor Costs 30. Labor Costs 30. Direct Co	12. ORGANIZATION MA	AILING A	DDRESS (Include	ZIP Code)								I. Non-Supervisory						
SECTION B - TRAINING COURSE DATA 19. RECOMMENDED TRAINING SQURCE, SCHOOL OR FACILITY 2. Name 5. Na											-							
17. COURSE TITLE 18. TRAINING OBJECTIVES (Blenefits to be derived by the Government) 20. COURSE CODES 20. COURSE CODES 21. COURSE (Robert Propose) 22. Location of Training Sits (If other then 199) 23. Interest of the Propose of the Selection of S													ecify)					
18. TRANING ORJECTIVES (Benefits to be derived by the Government) 20. COURSE CODES 21. COURSE CODES 22. COURSE CODES 23. Purpose 34. If Security Clearance 35. Purpose 35. Training Sever 36. Spracular CRID Profry 36. Spracular CRID Profry 37. Teleiony Vendor 38. Lacation of Training Sev (of other rhan 198) 29. COURSE INCIDENT CRID Profry 20. COURSE (ORDS HOURS) (or diginal 22. COURSE INCIDENTIFIES 20. COURSE (ORDS HOURS) (or diginal 22. COURSE INCIDENTIFIES 20. Source 36. Spracular CRID Profry 37. Teleiony Vendor 38. Training Level 39. SCOTTON C - COST INFORMATION (Costs incurred and billed are not to exceed amount in florin 30.) 29. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER TRAIN SALANY, PAY OR COMPRESSATION, skip the remainder of questions in Section C and X this low 39. Total direct costs 40. Spracular & Training Savers 29. LADOI COSTS 29. SIGNATURE OF FISCAL OFFICER (Follow Joes) procedure) 30. Total or cost 40. Finding Source 30. Total incident costs 40. Finding Source 30. Section Or	47 COURSE TITLE				5	ECTION B	- IKAII	NING	COUR	SE	DATA							
20. COURSE CODES 1. Propose 1. Security Clearance 2. Location of Training Site of other than 15th J 1. Security Clearance 2. Location of Training Site of other than 15th J 2. Location of Training Site of other than 15th J 2. Location of Training Site of other than 15th J 2. Location of Training Site of other than 15th J 2. Location of Training Site of other than 15th J 2. Location of Training Site of other than 15th J 2. Location Site of Site of the Internation of Internation		IVEC /Po	nafita ta ba dariya	ad by the Cove	rnmantl					Т	10 RF(COMMENDE	D TRAINII	NG S	OURCE S	CHOOL (OR EAC	ILITY
20. COURSE CODES a. Perspose f. Security Clearance a. Perspose f. Security Clearance a. Perspose f. Security Clearance a. Allocation Status d. Allocation Status d. Perspose d. Allocation Status d. Perspose d. Security Clearance d. Perspose d. Pers	18. TRAINING OBJECT	IVES (Be	nents to be derive	ea by the Gove	rnment)					H			D IRAINI	NG 5	OUNCE, 3	CHOOL (JR I AC	ILIT I
20. COURSE CODES 1. Propose 1. Security Clearance 2. Location of Training Site (If other than 18b) 1. Propose 3. Allocation Status 1. Reason for Selection 3. Training Program 4. Special Interest 5. Source 5. Direct Codes 6. Special Interest 7. Training Level 7. Training Program 8. Start 8. Start 9. Location of Training Site (If other than 18b) 8. Source 9. Location of Training Site (If other than 18b) 9. Complete 9. Location of Training Site (If other than 18b) 9. Complete 9. Location of Training Site (If other than 18b) 9. Codes 9. Location of Training Site (If other than 18b) 9. Codes 9. Location of Training Site (If other than 18b) 9. Codes 9. Location of Training Site (If other than 18b) 9. Codes 9. Location of Training Site (If other than 18b) 9. Loc										ŀ			s (Include	ZIP C	odel .			
a. Purpose b. Type c. Survee c. Training Vendor											D. Widi	ming Address	o imerade	211 0	,ouc,			
a. Purpose b. Type c. Survee c. Training Vendor																		
a. Purpose b. Type c. Survee c. Training Vendor																		
a. Purpose b. Type c. Survee c. Training Vendor	20 COURSE CODES									-	c. Loc	ation of Tra	inina Site	(If ot	her than 1	196)		
D. Type										_			3			,		
c. Source h. Priority 23. TRAINING PERIOD (YYYYMMDD) a. Duty b. Catalog/Course No. d. Special interest i. Training level a. Start b. Non-duty b. Catalog/Course No. e. Training Vendor j. Method of Training b. Complete c. TOTAL c. OffengiTLN SECTION C - COST INFORMATION (Costs incurred and billed are not to exceed amount in item 30.) 24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box Image: Cost a. Travel cost a. Travel cost b. Pore diam/other costs b. Books, material, other costs b. Per diam/other costs c. Total direct costs c. Total indirect costs d. Funding source 28. LABOR COSTS 31. JOB ORDER NO. SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 22. SUPERVISOR: I certify training is job related and nominee meets prerequisites. a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) d. Date (YYYYMMDD) 34. AUTHORIZING OFFICIAL a. Action (X and) ii) Approved iii) Department iiii) Department iii) Department iii) Department iii) Department iii) Depar	-		•							f	21. COURSE HOURS (4 diai			s) 22. COURSE IDENTIFIERS				
d. Special Interest e. Training Vendor b. Method of Trianing b. Complete c. Training Vendor c. Section C. Costs INFORMATION (Costs Incurred and billing are not to exceed amount in item 30.) 24. If TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, ship the remainder of questions in Section C and X this box 25. DIRECT COSTS c. Training Vendor co			-						YMMDD	,	a. Duty	,			a. SAID			
e. Training Vandor j. Method of Training b. Complete c. TOTAL c. Offering/TLN		, =====================================					I	, , , , , , , , , , , , , , , , , , , ,										
SECTION C - COST INFORMATION (Casts incurred and billed are not to exceed amount in item 30.) 24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box 25. INDIRECT COSTS (for information only) 27. ACCOUNTING CLASSIFICATION 27. ACCOUNTING CLASSIFICATION 28. LORGE COSTS 29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) 30. Total indirect costs 4. Travel costs 5. For information only) 5. ECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) 30. TOTAL OF DIRECT & INDIRECT COSTS (FOLL) 30. Typed Name (Last, First, Middle Initial) 5. Phone Number (Include area code) 6. Signature & Title 30. Typed Name (Last, First, Middle Initial) 6. Phone Number (Include area code) 70. Phone Number (Include area code) 71. Typed Name (Last, First, Middle Initial) 72. Supervision (Last, First, Middle Initial) 73. Action (X one) 74. Determined (Last, First, Middle Initial) 75. COURSE ACCEPTANCE (To be completed by school official) 76. Date (YYYYMMDD) 77. Account (Last, First, Middle Initial) 87. COURSE COMPRESION (To be completed by school official) 88. COURSE COMPRESION (To be completed by school official) 89. Determined (Last, First, Middle Initial) 89. Accepted 99. Determined (Last, First, Middle Initial) 99. Accepted 90. Date (YYYYMMDD) 10. Date (YYYYMMDD) 11. Accepted 12. Date (YYYYMMDD) 13. ACCEPTANCE (To be completed by school official) 14. Date (YYYYMMDD) 15. Accuse Completion (To be completed by school official) 15. Accuse Completion (To be completed by school official) 16. Date (YYYYMMDD) 17. Accepted 18. Course	·								· · · · · · · · · · · · · · · · · · ·									
24. IF TRAINING DOES NOT INVOLVE EXPENDITURE OF FUNDS OTHER THAN SALARY, PAY OR COMPENSATION, skip the remainder of questions in Section C and X this box 25. DIRECT COSTS 26. INDIRECT COSTS (For information only) 27. ACCOUNTING CLASSIFICATION 28. Trival costs 4. Funding source 29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) 30. TOTAL OF DIRECT & INDIRECT COSTS 31. JOB ORDER NO. 29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) 30. TOTAL OF DIRECT & INDIRECT COSTS 31. JOB ORDER NO. 29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) 30. TOTAL OF DIRECT & INDIRECT COSTS 31. JOB ORDER NO. 32. SUPERVISOR: 1 certify training is job related and nominee meets prerequisites. 33. TRAINING OFFICER: 1 certify this training meets regulatory requirements. 34. Typed Name (Last, First, Middle Initial) 35. COURSE ACCEPTANCE (To be completed by school official) 36. ACTION (X one) 37. SUPERVISOR: 1 certify training is job related and nominee meets prerequisites. 38. COURSE ACCEPTANCE (To be completed by school official) 39. AUTHORIZING OFFICIAL 30. ACTION (X one) 30. TOTAL OF DIRECT & INDIRECT COSTS 4. Typed Name (Last, First, Middle Initial) 4. Department of the procedure		SE			MATIC	ON (Costs	incurre	d an	d billed									
a. Travel cost b. Books, material, other costs c. Total indirect costs d. Funding source 3. LABOR COSTS 3. JOB ORDER NO. SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) c. Signature & Title d. Date (YYYYMMDD) c. Signature & Title d. Date (YYYYMMDD) c. Signature & Title d. Date (YYYYMMDD) c. Signature & Title d. Date (YYYYMMDD) d. Date (YYYYMMDD) d. Date (YYYYMMDD) d. Date Signature & Title d. Date (YYYYMMDD) d. Date Signature & Title d	24. IF TRAINING DOES																this box	→
b. Books, material, other costs c. Total indirect costs d. Funding source 28. LABOR COSTS 29. SIGNATURE OF FISCAL OFFICER (Follow local procedure) No. Total indirect costs 30. TOTAL OF DIRECT & INDIRECT COSTS 31. JOB ORDER NO. SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 22. SUPERVISOR: I certify training is job related and nominee meets prerequisites. a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) d. Date (YYYYMMDD) 40. Date (YYYYMMDD) 33. TRAINING OFFICER: I certify this training meets regulatory requirements. a. Action (X one) b. Typed Name (Last, First, Middle Initial) c. Signature & Title d. Date (YYYYMMDD) 36. COURSE ACCEPTANCE (To be completed by school official) 37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: a. Capetal d. Signature & Title d. Date (YYYYMMDD) d. DSSN Number d. Date (YYYYMMDD) c. Check Number f. Voucher Number f. Voucher Number				i e				_										
c. Total direct costs d. Funding source 28. LABOR COSTS 31. JOSO RDER NO. SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) 6. Signature & Title 35. COURSE ACCEPTANCE (To be completed by school official) 6. Signature & Title 36. COURSE COMPLETION (To be completed by school official) 77. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. Leartify that this account is correct and proper for payment in the amount of: 58. Signature & Title 49. Signature & Title 59. Signature & Title 60. Date (YYYYMMDD) 61. Signature & Title 62. Date (YYYYMMDD) 63. Signature & Title 64. Date (YYYYMMDD) 65. Signature & Title 66. Date (YYYYMMDD) 77. BILLING INSTRUCTIONS (Identify discount terms 64. Signature & Title 78. Signature & Title 79. Signature & Title 60. Date (YYYYMMDD) 79. Signature & Title 79. Date (YYYYMMDD) 79. Signature & Title 89.																		
d. Funding source 31. JOB ORDER NO. SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) d. Date (YYYYMMDD) d. Signature & Title d. Signature & Title d. Date (YYYYMMDD) d. Signature & Title form with an explanation memo. d. Signature & Title d. Signature & Title d. Signature & Title form with an explanation memo. d. Signature & Title d. Signature & Title d. Date (YYYYMMDD) d. Signature & Title form with an explanation memo. d. Signature & Title d. Date (YYYYMMDD) d. Signature & Title form with an explanation memo. d. Signature & Title form wit								1										
SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION					ct costs	costs												
SECTION D - APPROVAL/CONCURRENCE/CERTIFICATION 32. SUPERVISOR: I certify training is job related and nominee meets prerequisites. a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) d. Date (YYYYMMDD) d. Date (YYYYMMDD) d. Signature & Title d. Signature & Title d. Date (YYYYMMDD) d. Signature & Title e. Date (YYYYMMDD) d. Signature & Title d. Signature & Title e. Date (YYYYMMDD) d. Signature & Title e. Date (YYYYMMDD) d. Signature & Title e. Date (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number					osts		29.	SIGNAT	URE									
33. TRAINING OFFICER: 1 certify this training meets requirements a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) c. Signature & Title d. Date (YYYYMMDD) 34. AUTHORIZING OFFICIAL a. Action (X one) b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) d. Date (YYYYMMDD) 35. COURSE ACCEPTANCE (To be completed by school official) a. Action (X one) b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) d. Date (YYYYMMDD) d. Signature & Title e. Date (YYYYMMDD) 36. COURSE COMPLETION (To be completed by school official) a. All (Course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not not place this section blank, and return this blank, and return this place this section blank, and return this place this section blank, and return this proper for payment in the amount of: b. Signature & Title c. Date (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number	31. JOB ORDER NO.																IND	INECT COSTS
a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area code) c. Signature & Title d. Date (YYYYMMDD) d. Signature & Title c. Phone Number (Include area code) d. Date (YYYYMMDD) d. Signature & Title e. Date (YYYYMMDD) d. Signature & Title d. Signature & Title d. Date (YYYYMMDD) d. Signature & Title form with an explanation memo. d. Signature & Title d. Signature & Title d. Signature & Title form with an explanation memo. d. Signature & Title d. Signature & Title form with an explanation memo. d. Signature & Title form with an explanation memo. d. Signature & Title form with an explanation memo. form with an explanati				SEC	TION D	- APPRO\	/AL/CO	NCU	RREN	CE/	CERTIF	ICATION	J					
c. Signature & Title d. Date (YYYYMMDD) c. Signature & Title d. Date (YYYYMMDD) 34. AUTHORIZING OFFICIAL a. Action (X one) b. Typed Name (Last, First, Middle Initial) d. Signature & Title e. Date (YYYYMMDD) c. Phone Number (Include area code) d. Date (YYYYMMDD) a. Accopted b. Not Accepted c. School Official Signature d. Date (YYYYMMDD) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official) a. If course was not completed by school official b. Not Accepted b. Not Accepted c. School Official Signature b. Actual Completion Date (YYYYMMDD) c. Grade Date (YYYYMMDD) 5. Signature & Title c. Date Signed (YYYYMMDD) c. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number	32. SUPERVISOR: I ce	rtify train	ning is job related	and nominee n	neets pre	requisites.		33.	TRAINII	NG C	FFICER:	I certify th	is training	meet	ts regulate	ory require	ements.	
34. AUTHORIZING OFFICIAL a. Action (X one)	a. Typed Name (Last,	First, Mid	ddle Initial)	b. Phon	e Numbe	r (<i>Include area</i>	code)	a. Typed Name (Last, First, Middle Initial) b. Phone Number (Include area co								nclude area code)		
34. AUTHORIZING OFFICIAL a. Action (X one)																		
34. AUTHORIZING OFFICIAL a. Action (X one) (1) Approved (2) Disapproved (2) Disapproved (3) Not Accepted (4) Not Accepted (5) Not Accepted (6) Not Accepted (6) Not Accepted (6) Not Accepted (6) Not Accepted (7) Not Accepted (7	c. Signature & Title						c. Signature &											
a. Action (X one) b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) d. Signature & Title e. Date (YYYYMMDD) form with an explanation memo. 37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Not Accepted d. Date (YYYYMMDD) b. Actual Completion Date (YYYYMMDD) c. Grade (YYYYYMMDD) c. Grade (YYYYYMMDD) d. Signature & Title c. Date (YYYYMMDD) c. Grade (YYYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number							,											,
a. Action (X one) b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) d. Signature & Title e. Date (YYYYMMDD) form with an explanation memo. 37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Not Accepted d. Date (YYYYMMDD) b. Actual Completion Date (YYYYMMDD) c. Grade (YYYYYMMDD) c. Grade (YYYYYMMDD) d. Signature & Title c. Date (YYYYMMDD) c. Grade (YYYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number	34. AUTHORIZING OFF	ICIAL						35.	COURS	E AC	CEPTAN	ICE (To be d	completed	bv so	chool offic	cial)		
b. Typed Name (Last, First, Middle Initial) c. Phone Number (Include area code) 36. COURSE COMPLETION (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. d. Signature & Title 37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Not Accepted 36. COURSE COMPLETION (To be completed by school official) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. d. Signature & Title e. Date (YYYYMMDD) e. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number						1	Date of the second of the seco											
36. COURSE COMPLETION (To be completed by school official) d. Signature & Title e. Date (YYYYMMDD) a. If course was not completed, X this box, leave this section blank, and return this form with an explanation memo. d. Signature & Title 37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Signature & Title c. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number		First, Mic					code)		-									(YYYYMMDD)
Comparison of the content of the c								36.	COURS	E CC	MPLETION	ON (To be d	completed	by sc	hool offic	ial)		
form with an explanation memo. d. Signature & Title e. Date (YYYYMMDD) 37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Signature & Title c. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number	d. Signature & Title							a. I	If course	was	not con	npleted, X t	his box,	İ	b. A	ctual Con		
37. BILLING INSTRUCTIONS (Identify discount terms Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL						(YYY)	ҮММДД)						rn this	▶	Da	ate (YYY)	ҮММDD	7
Furnish original invoice and 3 copies to: 38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Signature & Title c. Date Signed (YYYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number					0/		-1 1							-				
38. CERTIFYING GOVERNMENT OFFICIAL a. I certify that this account is correct and proper for payment in the amount of: b. Signature & Title c. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number			*	ms	%		aays.)											(YYYYMMDD)
a. I certify that this account is correct and proper for payment in the amount of: b. Signature & Title c. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number	i umisii onginai invo	ive alla s	copies to:					20	OFPE	VIE: ~	001/55	NINGENIT OF	FIGIA!					
b. Signature & Title c. Date Signed (YYYYMMDD) d. DSSN Number e. Check Number f. Voucher Number																		
d. DSSN Number e. Check Number f. Voucher Number								a.							\$	•		
d. DSSN Number e. Check Number f. Voucher Number								b.	Signatu	ire &	Title							
									(YYYYMMDE					I I IVIIVIUU)				
								4	d. DSSN Number e. Check Number f Voucher Number					cher Number				
TRAINING FACILITY: Invoice should be sent to office indicated in item 37. Please refer to standard document number given in item B at top of page to assure prompt payment.								u.	DOOM I	-unit	,51	e.	OHECK INC				• • • • •	Nambel
	TRAINING FACILITY: In	voice sh	ould be sent to of	fice indicated i	n item 3	7. Please refe	r to stand	lard do	cument	num	ber giver	n in item Ba	at top of p	age to	o assure p	rompt pa	yment.	

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Sections 4101 - 4118; and E.O. 9397.

PRINCIPAL PURPOSE(S): To request training by employees or military personnel and to document the authorization for expenses of such training, agreements for continuation in service following training, certificates of training, and any reimbursement obligations contracted by personnel or employees as a result of receiving training.

ROUTINE USE(S): Civilian training information is provided to Office of Personnel Management (OPM) for data reporting purposes stipulated in 5 U.S.C. 4115.

DISCLOSURE: Voluntary; however, failure to furnish the requested information may result in your ineligibility for participating in this training.

SECTION E - TRAINEE AGREEMENT/CERTIFICATION

38. AGREEMENT TO CONTINUE IN SERVICE

This agreement applies to all non-government training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in this section shall be construed as limiting the authority of an agency to waive, in whole or in part, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

- a. I AGREE that upon completion of the Government sponsored training described in this request, I will serve in the Department of Defense (DoD) three times the length of the training period; except that if I receive no salary for the time spent in training the period of obligated service will be either one month or a period equal to the amount of time spent in training, whichever is greater. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week.)
- b. If I voluntarily leave the DoD and the Federal service before completing the period of service agreed to in item a above, I AGREE to reimburse the DoD for the tuition and related fees, travel, and other special expenses (EXCLUDING SALARY) paid in connection with my training. However, the amount of the reimbursement will be reduced on a pro rata basis for the percentage of completion of the obligated service. (For example, if the cost of training is \$900 and I complete two-thirds of the obligated service, I will reimburse the DoD \$300 instead of the original \$900.)
- c. If I voluntarily leave the DoD to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item a above, I will give my servicing Civilian Personnel Office or Training Office advance notice during which time, in accordance with Federal regulations, a determination concerning reimbursement or transfer of the remaining service obligation to the gaining agency will be made.
- d. I understand that any amounts which may be due the employing agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
- e. I acknowledge that this agreement does not in any way commit the Government to continue my employment.

f. Period of obligated service:	(1) From (Enter date (YYYYMMDD))	(2) To (Enter date (YYYYMMDD))
The following action controls		
39. I am not receiving any contributions, awards, or government agency or non-government organization the authorizing training official. I agree that should I circumstances within my control, I will reimburse the with my attendance.	and shall not accept such without fail to complete the requested to	ut first obtaining approval from training successfully, due to
a. TRAINEE SIGNATURE		b. DATE SIGNED (YYYYMMDD)